2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44772

FILED Mar 06, 2006 Secretary of State

Entity Name: PEBBLE CREEK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2710 PEBBLE CREEK PLACE PORT CHARLOTTE, FL 33948 **Current Mailing Address: New Mailing Address:** 2710 PEBBLE CREEK PL PORT CHARLOTTE, FL 33948 US FEI Number: 65-0611992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNGOVAN, ROBERT 2511 PEBBLÉ CREEK PLACE PORT CHARLOTTE, FL 33948 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MUNGOVAN, ROBERT Name: Name: 2511 PEBBLE CREEK PLACE Address: Address: City-St-Zip: PT CHARLOTTE, FL 33948 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: PETTIJOHN, PATTI Name: CAMPIONE, BENNJAMIN Address: 2560 PEBBLE CREEK PL Address: 2460 PEBBLE CREEK PL City-St-Zip: PT CHARLOTTE, FL 33948 City-St-Zip: PT CHARLOTTE, FL 33948 Title: () Delete Title: () Change () Addition WALCZAK, ROBERT Name: Name: 2531 PEBBLE CREEK PLACE Address: Address: City-St-Zip: PORT CHARLOTTE,, FL 33948 City-St-Zip: () Delete Title: Title: () Change () Addition MARRAPODI, JOSEPH Name: Name: Address: 2660 PEBBLE CREEK PLACE Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MUNGOVAN PD 03/06/2006